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SOME OF THE DEFECTS OF VISION :—THEIR CAUSES, DIAGNOSIS AND TREATMENT.

BY THE EDITOR.

Read before the Buffalo Academy of Medicine, Aug. 11th, 1880.

[CONCLUDED FROM LAST MONTH.]

COURSE AND RESULTS OF HYPERMETROPIA.

Moderate latent or facultative hypermetropia may exist for a long time without causing any disturbance of vision. Both near and distant objects are seen distinctly, accommodation is continued without fatigue, and the disproportion between the strong accommodation and the diminished convergence is maintained without inconvenience. It is only until accommodation is weakened, that the distinctive symptoms appear, and presbyopia seems to set in. But in the higher grades, and in the absolute form, there is always prominent the characteristic phenomena of indistinct vision, particularly for near objects, and more or less fatigue and distress from the continued use of the eyes.

Hypermetropia in its course may lead to, or develop three principal conditions: First, strabismus convergens; second, a group of symptoms comprehended under the term "asthenopia;" and third, spasm of the accommodation with apparent myopia.

STRABISMUS CONVERGENS.

For many years it was supposed that strabismus arose from habit, injury, nervous derangements, etc. But it has been fully shown by the eminent Donders that hypermetropia is the fundamental cause in the great majority of cases. The explanation is based upon the relation that normally exists between accommodation and convergence, the one acting with the other, the one being made more easy by the action of the other. This harmony of relation may be broken to a certain extent, but not without endangering its perils. In hypermetropia, as already shown, there is a constant tension of the accommodation. A tendency exists at the same time to converge the eyes and their axes to a nearer point than that on which the accommodation is fixed. As the accommodation is made more easy, and vision, therefore, better by a correspondingly strong convergence the latter often takes place; but instead of the convergence being equally divided between the two eyes, it is frquently thrown upon one alone, producing temporary or periodic strabismus at first, which afterwards becomes permanent. Strabismus convergens does not occur in high degrees of hypermetropia, as any amount of convergens does not give the accommodation sufficient power to produce clear retinal images. But in the lower degrees the convergence facilitates the accommodation, vision is made clear, and in this way the convergence is made permanent, and the strabismus established.

ASTHENOPIA.

Asthenopia is another result of hypermetropia, and expresses a group of symptoms arising from the fatigue consequent upon the continuous tension and strain of the ciliary muscle. It has already been shown how, under all circumstances, this tension becomes necessary with all hypermetropes to overcome the diminished refraction of the eye, and retain distinct retinal images. A certain extra amount of action is necessary for even distinct vision; and add to this, that which is required for adjustment for near vision, and a tax is thrown upon it which may not be borne for only a short time. During the vigor of youth this action may be maintained, if the hypermetropia is not to great, without much inconvenience. But with the advance of age, and the corresponding abreviation of accommodation by the diminished elasticity of the lens, or with the onset of those systemic influences which deteriorate and weaken the general muscular power of the system, the labor thrown upon the ciliary muscle is too great for endurance, and fatigue is induced proportionate to the degree

of hypermetropia and the nearness of the objects viewed. Furthermore, the greater the hypermetropia, the earlier in life will the ciliary muscle be overcome by the extra demands forced upon it, and the sooner will it refuse to perform its allotted task, and thus develop those difficulties known by the name asthenopia. Donders has suggested that the asthenopia will appear at about the age corresponding with the focal distance of the convex lens which measures the full degree of the existing hypermetropia, or in other words by the denominator of the fraction indicating the total hypermetropia. Thus asthenopia will appear at about 12 years of age when the hypermetropia is 1-12, at 20, when 1-20, at 36, when 1-36 etc. Evidently there are many modifying circumstances which give exceptions to this rule.

Of all the troubles which are developed by hypermetropia, asthenopia is the principal one, and the one for which treatment is principally sought. It has been known by various names, and explained upon various hypotheses, but it was left for the eminent Donders to show its true nature and point out the certain remedy. To distinguish it from other forms of weak vision it has received the distinctive term "*accommodative asthenopia*," and is generally known by that name.

The symptoms of this condition are quite characteristic, and cannot easily be mistakened. The vision for the distance may be good, the external appearance of the eye may show no anomoly, and the movements and convergence may be normal. But when near work is attempted such as reading, writing, sewing, etc., vision at first may be distinct, but becomes after a short time confused and dim. The eyes feel fatigued, and a sense of fulness and tension is experienced, especially above them. They are shut and compressed by strong action of the orbicular muscles, the forehead and eyelids are rubbed with the hand, and after a brief rest the work can be resumed only to be followed again in a short time by the same dimness and confusion of sight, and sense of fatigue and tension. If the efforts are repeated and persisted in, there is smarting and burning of the lids, and headache and pain about the eyes may also be induced. The eyes become red and suffused with tears, and it becomes impossible to see clearly any longer, vision for even distant objects, being, for a while at least, imperfect. The eyes then require a long period of rest before they can again be used for near work. But the functional power of accommodation being weakened by such continuous strain, the asthenopic symptoms appear sooner than before. Continued strain of the eyes often induces marked nervous symptoms, such as dizziness, dazzling, headache, general malaise, nausea, etc. In extreme cases the lids and episclera not only become injected and hyperæmic, with lachrymal and purulent secretions and discharges, but the retina and choroid also suffer

from the congestion with marked retino-ciliary hyperæsthesia, causing pain in all use of the eyes.

The general condition of the subject's health will materially affect the power of the ciliary muscle, and determine the appearance of asthenopia, as well as excessive and continuous strain. Thus exanthematous diseases, nervous debility, anxiety, excessive watching, together with improper use of the eyes during convalescense from any disease, or by reading in bed, or in a dim light, or at twilight, any undue, close, and prolonged use of the eyes especially with imperfect illumination, etc, all favor its development. In rare instances, the ciliary muscle may become so enfeebled by systemic or nervous causes alone as to render efforts at accommodation, even in the normal eye, difficult and distressing, when asthenopia may exist without hypermetropia.

In absolute hypermetropia where vision is indistinct for both far and near objects, one of the most prominent symptoms is wanting, viz., distinct vision when first looking at an object; yet all the others may be present in all their severity.

SPASM OF ACCOMMODATION.

Besides convergent strabismus and asthenopia, hypermetropia sometimes develops spasm of the ciliary muscle with a semblance to myopia. This spasm is brought about by the continuous strain which the muscle must necessarily sustain, and is characterised by an inability to relax the accommodotion, and give clear vision for the distance, while the patient may, at the same time, complain of symptoms of asthenopia upon near use of the eyes.

Thus it is seen that hypermetropia is not an insignificant defect, but one which causes an infinate amount of annoyance and distress, and one which claims careful attention, although it does not usually lead to hopeless disease or blindness.

DIAGNOSIS OF HYPERMETROPIA.

The existence of hypermetropia is proven when a person without amblyopia can see at a distance as well, or better, with the use of a convex lens. To determine the presence of this condition place No. XX Snellen's test-types twenty feet from the patient, and with the trial glasses find the strongest convex one through which his vision for the letters is improved, or at least not made less distinct, and that lens will indicate the degree of manifest hypermetropia.

In persons with vigorous and unabreviated accommodation only a part may become manifest by the trial glasses, more or less remaining latent; and in those with the facultative form, or who have spasm of the ciliary muscle, the defect may be wholly concealed. When there is doubt, therefore, as to its existence, or when it is desirous to know the total

amount, the accommodation should be paralyzed by the application of duboisia, or some other myriatic, and if any hypermetropia exists, it will become wholly manifest, and the strongest glass through which No. XX can then be distinctly seen will measure its degree.

Another means of testing for hypermetropia is to use a strong convex lens, say of 6 inches focus, with which the far point in the emmetrope should be at 6 inches from the eye. If the far point with this lens is carried to 7, 8, 10 or more inches from the eye, the patient is over-sighted, or hypermetropic. This test also proves the eye to be myopic or near-sighted if the far point is nearer the eye than the focal length of the lens used.

Other means are in use for detecting and measuring hypermetropia, but the methods suggested are of most universal application.

TREATMENT OF HYPERMETROPIA.

The treatment of hypermetropia, together with the relief of those attending evils which have not become permanent, resolves itself into the neutralizing, artificially, of that defect which exists in the construction of the eye. This is done by the use of convex glasses in the shape of spectacles. The strength of the glasses cannot always equal the total amount of hypermetropia, but must simply correct that which is manifest, together with a part that is latent, if the latter be present. Thus if the patient shows manifest hypermetropia 1-36, and more or less is also latent, use a glass 1-30, if 1-24, use 1-20, or 1-18, etc.

At first thought it would seem that spectacles which corrected the whole defect should remove all inconvenience; but in practice this is not true. The ciliary muscle has been habituated to a certain amount of what may be called tonic spasm from infancy, and all of this spasm or tension cannot be relaxed or overcome by increasing the refraction by glasses. So we correct the manifest, and a small part of the existing latent, hypermetropia. As the accommodation gradually relaxes, stronger glasses may supercede the weaker.

In lower degrees of hypermetropia, glasses are only needed for near work; but in the higher grades they should be worn for all distances,, and for all visual purposes. As age advances, and the range of accommodation is diminished, carrying the near point far away while the far point remains the same, two pairs of glasses may be necessasy, one for distant vision which merely corrects the hypermetropia, and one for near vision which corrects both this and the presbyopia.

There is no age after a child is old enough to understand their use, when glasses should not be worn for this condition. In cases where there is a mere tendency to strabismus, or squinting they will often prevent the latter from being permanently developed.

In asthenopia and spasm of the accommodation other means must be adopted besides the mere use of convex lenses. The spasm must be relieved by the systematic use of duboisia or atropia, and the application of spectacles followed afterwards. In asthenopia the patient must not only wear spectacles, but his eyes must have rest in proportion to the amount of injury done them. The recovery may also be hastened by the proper selection of remedies based upon the symptoms present.

MYOPIA.

Myopia is a condition opposite to that of hypermetropia. The antero-posterior axis of the eyeball is too long, and the power of refraction is too great, consequently, parallel rays are focussed too far in *front* of the retina. The accommodation cannot *diminish* the refractive power of the eye except by relaxation, and as it is already fully relaxed in estimating the refraction, some other means than accommodative adjustment must be sought by which the focus may be carried back to its proper place on the retina. The only manner in which this can be accomplished is by rendering the rays emanating from the object divergent in one of two ways: first, by bringing the object near the eye, second, by placing before the eye a *concave* lens, either of which diverges parallel rays sufficiently to properly carry their focus back upon the retina. The myopic eye, therefore, when unaided by a concave glass has both its far and near points nearer than the emmetropic, and to see well the person must bring objects close to the eye. The range of accommodation is also much diminished by the far point of vision approximating the near point. Objects being brought near the eyes the convergence of the visual axes is very much increased. A disproportion between convergence and accommodation exists the opposite to that in hypermetropa, in the latter accommodation being in excess of convergence, while in the former convergence is in excess of accommodation.

The measure of myopia is the distance of the far point, and is expressed by a concave glass of the same focal length. Thus, a myopic person with the far point at 14 inches would require a concave lens of 1-14 to render rays which are now divergent parallel by placing the object at an infinate distance, and the myopia is therefore 1-14. If the far point is 10 inches, the myopia is 1-10, etc.

Vision, except in the highest forms of myopia is usually clear for near objects,—indeed, is often better than in emmetropia or hypermetropia, the visual angle being greater, and objects can be seen with less illumination, but for distant objects it is indistinct or lost. The person, therefore, holds small objects very near the eye. This is sometimes the case in hypermetropia, but the vision is at the same time poor.

CAUSES AND NATURE OF MYOPIA.

In the majority of cases myopia, or at least a predisposition to it, is to be regarded as congenital or inherited, although it is also frequently ac-

quired. Its existence is often traced back through many generations, and may occur in several members of the same family. The most frequent and important anatomical condition of the eye in myopia is an abnormal elongation of the axis, together, perhaps, with more or less increase of the other diameters. The distension of the membranes occurs mostly at the posterior part of the eye, yet a regular form is usually observed. The sclerotic becomes thinned throughout its whole extent, but more particularly at the posterior pole. Here it may become so thinned as to appear blue in the enucleated eye, like an anterior staphyloma, and, if the cornea be turned toward the light, an inverted image may be seen of outer objects upon the attenuated sclerotic. These changes exert an influence also upon the entrance of the optic nerve, pushing it somewhat toward the median or inner side, and sometimes widening it at the place of entrance. The choroid also suffers in becoming thinner, paler, and more atrophied, especially near the entrance of the optic nerve. It is said that the ciliary body, iris, and with them the crystalline lens move backwards, which may account for the depth of the anterior chamber which is frequently seen in myopic eyes. Other changes take place within the eye as shown by the ophthalmoscope, whose contideration I have not time to take up.

The elongation of the eyeball besides being congenital may also be produced in emmetropic eyes by various causes, particularly if a tendency to it exists, or is favored by a weakness, and consequently diminished resistance, of the sclerotic. One of the most prominent exciting causes of myopia is straining the eyes by too steady application to near and fine work, and with feeble or ill-directed illumination. The tension thus made and long-continued upon the accommodation causes the crystalline lens to assume a more convex form which may become permanent, a degree of spasm may exist in the ciliary muscle, and the inner tunics of the eye may become congested by the strain, or even a low grade of inflammation supervene, producing, perhaps, a degree of softening and further weakening of them, and also, an increase of the ocular fluids and consequent increased pressure from within. The trouble is further aggravated by another circumstance of importance, the excessive and continuous convergence of the eyes, and the pressure thus exerted by the internal recti muscles from without, as well as by a tendency to a determination of blood to the parts by the stooping posture usually assumed. Thus one element reacts upon another, and all conspire to develope the defect, and after once developed, to increase it.

Myopia is generally acquired during childhood, and often arises at school when the child is forced to study much with feeble or ill-directed illumination, and at tables and desks constructed in such a manner that he must also read or write with a stooping position of the head. Myopia

may also be developed at any period of life, and is more common with those who constantly use their eyes for close work. On the other hand it is comparatively rare among sailors and others who mostly employ their vision for the distance.

It may be stationary, or progres-ive. It is mostly in the lower forms where it is stationary. When myopia is once established, especially in a high degree, the conditions are often present and continue in action which favor its further progress even to blindness. It is not, therefore, a trifling matter, but one that often involves the preservation or loss of vision. The myopic eye, in fact, should usually be regarded as a *diseased* eye, and treated as such. This is not true, however, of hypermetropia, presbyopia, and astigmatism.

DIAGNOSIS OF MYOPIA.

The diagnosis of myopia is not usually difficult. Its existence is presumable when large type is clearly and distinctly visible near the eye, but rapidly becomes indistinct or invisible when it is farther removed, but not beyond the far point of an emmetropic eye. Again if vision is improved by a weak concave lens, say of 30 or 40 inch focus, myopia may be suspected. Another method of determining its presence is that already suggested when speaking of the diagnosis of hypermetropia. To ascertain positively its existence and degree, find the far point for No. I of Snellen's test-types, and then apply a concave glass of a focal distance the same as the distance of the far point for such type, and if vision for the distance is rendered distinct by it, it indicates myopia together with its degree.

COMPLICATIONS OF MYOPIA.

The complications to which myopic persons are most subject are an insufficiency, or exhaustion of the internal recti muscles by the excessive convergence of the eyes which is necessary to make the visual axes meet at the object, and spasm of the accommodation present many times in the progressive form.

Insufficiency of the internal recti muscles, termed, sometimes, "muscular asthenopia," produces symptoms very much resembling those of accommodative asthenopia. Binocular vision often becomes impossible from the inability of the internal rectl muscles to long maintain a sufficient amount of convergence, and the patient must either desist in further use of the eyes for a time, or the vision is transferred to one eye alone, while the other turns outwardly by the yielding of its internal rectus muscle, thus giving rise to divergent strabismus. Hypermetropia develops convergent strabismus, and myopia, divergent strabismus.

I have already mentioned the fact that convergence and accommodation normally go together in due proportion and correspondence, and that it

is difficult to relax one while the other is strongly active. Hence with strong accommodation, as in hypermetropia, we get a tendency to strong convergence, which, becoming more or less permanent, results in convergent strabismus. On the other hand, when there is great convergence, as in myopia, there is a tendency to a corresponding tension of the ciliary muscle contrary to the necessities of the case, and then we get spasm of the accommodation with constantly increasing myopia.

TREATMENT OF MYOPIA.

The treatment of myopia has reference to measures which tend to check the development and increase of the malady, and by the selection of proper concave glasses to compensate for the over-refraction which may already be present. The preventive measures with those of a myopic tendency consist in the avoiding of prolonged near use of the eyes by selecting such plays for children, and such employments for adults as will incure this end. With those who have no predisposition, either inherited or acquired, to the defect, proper illumination, proper position of the head, and limited duration of close application should be observed, particularly with children at school. Above all the upright position of the head should be preserved. Where it is suspected that there is any strain or spasm of the accommodation it should be relieved with atropia or duboisia.

To compensate for the over-refraction of the eyes, spectacles should be used whose negative value is equal to the degree of the myopia. Thus, if the myopia is 1-12, that is, if the far point is 12 inches, a concave glass of 12 inches focal length, or 1-12 should be the proper one. To this rule there are few exceptions, but it is sufficiently applicable for cases in general. In very high degrees of myopia the glass should be somewhat less than the full amount of the defect. Again, where the range of accommodation is much diminished, as it sometimes is in myopia, two pairs of glasses may be necessary, a stronger pair for distant, and a weaker pair for near vision.

PRESBYOPIA.

Presbyopia is simply a diminution of the range of accommodation by which the near point of vision is carried away from the eyes while the far point remains the same or nearly so. It is a condition attending all persons with the advance of age, and consists in a hardening and loss of elasticity and flattening of the crystalline lens. The unyielding character of it prevents the ciliary muscle from acting upon it sufficiently to increase its curvatures to the extent necessary for refracting rays from near objects the same as when the lens was fully elastic. When the near point is carried beyond a certain distance vision for objects presenting a visual angle of less than five minutes will be obscure or lost. But at the far point except in hypermetropia vision remains the same, or is but little

obscured by the receding of the far point by a slight diminution of the refractive power of the eye which sometimes takes place in old age. In hypermetropia, that which was before latent, now becomes manifest by the weakened accommodation, and hence distant vision may become more indistinct than before the onset of presbyopia. In emmetropia and myopia the far point changes but little. Presbyopia occurs in all eyes, and the diminished accommodation shows itself when there is no hypermetropia at about forty-five to fifty years of age. But if hypermetropia is present the presbyopia appears to be premature.

Symptoms of presbyopia are present when there is no existing myopia of large amount, and consist in an inability to see distinctly near the eye. When the near point is so far removed that objects are not presented under the proper visual angle, vision for such objects is wholly obscured.

The treatment of presbyopia is similar to that of hypermetropia. The refraction for near objects must be increased by convex lenses, thus doing what accommodation cannot do. In myopia the convex lenses may not be necessary, unless the myopia is of small amount, when concave glasses may be needed for clear vision for the distance, while the presbyopia may so far remove the near point as to require a convex glass for distinct near vision. In hypermetropia both that and the presbyopia must be corrected by convex glasses.

PARALYSIS OF ACCOMMODATION.

Another affection of the accommodation is paralysis. It may be partial, or complete, and produces the same symptoms as presbyopia, vision being indistinct for near objects and distinct at the far point, except in hypermetropia when it is not clear at any distance. It may arise from the reaction that follows extreme strain of the accommodation, or may occur as a concomitant of other diseases, especially of syphilis and of paralysis in its other forms, such as that of the third crainal or motor oculi nerve, etc., or it may be produced artificially by the instillation or use of atropia, dubosia and other mydriatics. The pupil is more or less dilated, and there is much annoyance by the dazzling diffusion of light in consequence of it. The iris does not contract readily, if at all, in response to the action of light. One eye may be affected, or both. The disturbance gives the impression of some serious lesion, but this may be banished by ascertaining that vision becomes acute for near objects by such convex glasses as correct the paralysis, and also any hypermetropia that may exist.

The treatment of the paralysis should be conducted upon general principles by the removal of the cause, if possible, and the use of electricity, etc. As a temporary remedy for uncomplicated cases, eserine, the active principle of Calabar bean, is sometimes of transient benefit, and may be tried. It causes the range of accommodation to approach the eye, and overcomes the diffusion of light by the contraction of the pupil.

Astigmatism is a peculiar optical defect of the eye of much interest, but the length of this paper precludes its discussion at this time.

ANISOMETROPIA.

Sometimes the two eyes have not the same refractive power and range of accommodation, and this want of symmetry is termed anisometropia. Both eyes may be hypermetropic but in different degrees, both may be myopic but in different degrees, one eye may be emmetropic, and the other either hypermetropic, or myopic, or the one may be hypermetropic and the other myopic. When the crystalline lens has been removed producing what is termed aphakia, as in cataract operations, one eye becomes greatly hypermetropic while the state of refraction of the other remains unchanged. Anisometropia is also produced when there is paralysis of accommodation in one eye and not in the other.

If there is but little difference in the refractive power of the two eyes, the refraction may be equalized; but if the difference is great, it cannot be done with comfort to the patient, on account of the difference in size of the retinal images. When glasses are used, those should be selected by repeated trials which render vision the most clear and at the same time easy. Often the patient will prefer none at all, and if hypermetropic in one eye and myopic in the other, will use the former for distant vision, and the latter for near; or if there are other differences of refraction the eye will accommodate their use to the particular conditions present.

Such, gentlemen, are some of the defects which are daily met, and which the physician should be prepared to diagnose and treat. I have not attempted to offer anything new, but to briefly review old facts and principles, which, for the afflicted's sake warrant reconsideration. Begging your pardon for the length which my paper has necessarily assumed I now leave it for your further consideration, and discussion.

Medico-Legal Department.

TRACY C. BECKER L. L. B., EDITOR.

THE LAW OF PRIVILEGED COMMUNICATIONS BY PATIENTS TO PHYSICIANS.

BY THE EDITOR.

NOTES OF A RECENT INTERESTING CASE.

[CONCLUDED FROM LAST MONTH.]

On the ground of confidence and the general good, the legal principle was engrafted into the Common Law of England—from the civil law—that professional communications should not be permitted to be disclosed by witnesses who received them. The earliest case reported is that of Berd vs Lovelace in the 19th year of Queen Elizabeth's reign—in chancery, Cary's Rep., 88. The reason of public policy, it is said by Prof. Greenleaf, (Greenleaf on Ev. Redfield's Ed. § 267) "applies solely to * * * a client and his legal adviser."

In such cases the communications are not privileged from disclosure because they are made confidentially, but, because such communications must be made to a legal adviser in order that he may be enabled to throw around the legal rights of his client all the safeguards of the law. Such a privilege is upheld out of regard to the interests of Justice, "which cannot be upholden and the administration of justice which cannot go on without the aid of men skilled in jurisprudence, in the practice of the courts and in those matters affecting rights or obligations which form the subject of all judicial proceedings," (per Lord Chancellor Brougham in Greenough & Gaskell, 1 My & K. 102. 103.) As to the scope of the rule, the same learned judge in the same case enunciates the following opinion: "This protection is not qualified by any reference to proceedings pending or in contemplation. If touching matters that come within the scope of professional employment they receive a communeration in their profefsional capacity, either from a client or on his account and for his benefit in the transaction of business, or which amounts to the same thing, *commit to paper in the couse of employment on his behalf matters which they know only through their professional relations to their client*, they are not only justified in withholding such matters, but bound to withhold them, and will not be compelled to disclose the information, or produce the papers in any court of law or equity, either as a party or a witness." This

doctrine would seem broad enough to cover any communication or transaction between attorney and client, and was the same doctrine in force in reference to physician and patient, I should have been compelled to advise Dr. P—— not to reveal any of the information he received while in attendance as a physician. The fact is, however, that although many attempts have been made to extend the common law doctrine of privileged information received by attorneys & counsellors, to such information received by clergymen, physicians and surgeons, it has always been restricted to legal advisers. Duchess of Kingstons case 11 Hargr. St. Tr. 243; Rex v Gibbins, 1 C & P 97; Broad v Pitt, 3 C & P 518, per Best C. J. This restriction was at an early day regretted by one of the ablest of the English Judges. In *Wilson v Randall*, (4 Term Rep 756) Mr. Justice Buller said: "There were cases in which it was much to be lamented that the law of privilege was not extended to those in which medical persons were obliged to disclose information which they acquired by attending in their professional character."

This defect was sought to be remedied by the revisors of the N. Y. State Statutes in 1828, and they introduced a section into the Statute Law of this state which has ever since remained a part of it without material alteration or amendment. This section is as follows:

"No person duly authorised to practice physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

In a note to this section, the Revisors say,—in substance— first, that there is just as much, or more, reason for holding as privileged information derived by medical men, as obtains in the case of legal advisers, and secondly,, that in every view of the policy, justice or humanity, of the rule restricting such privilege to legal advisers,its relaxation is expedient, but they add further: "It is believed that the proposition in the section is so guarded that it cannot be abused by applying it to cases not intended to be privileged."

As will be seen below this belief is not only well founded, but if the views lately expressed upon the construction of the statute and its legal meaning are considered, the proposition has been so well guarded that it cannot be applied to many cases which were intended to be privileged.

This was not the earlier doctrine in the state.

Thus: In people vs Stont 1858-3 Park Cr Rep 670. It was said that the statute was of a remedial nature and must be construed liberally and the privilege was held to extend "to all facts which necessarily come to the knowledge of the physician in a given professional case."

But in the same case it is also held that "the information in order to be protected must have been necessarily obtained in the course of professional employment, and that "no collateral matters will be privileged. In Hewitt v Prime 21 Wend 79 a defendant in a suit for seduction had repeatedly called upon a practising physician and applied for drugs to procure an abortion, and on one occasion had told him that the female gotten with child was the plaintiffs daughter. These communications were with some hesitancy held by Nelson, Chief Judge, not privileged. He says: "The witness (the physician) was not privileged. It is very doubtful whether the communications made to him by the defendant can be considered as consulting him professionally, within the meaning of the statute; and it is certain that the information given was not essential to enable him to prescribe for the patient, if the daughter of the plaintiff should be considered a patient in respect to transaction."

It would seem to have been generally considered until recently, however, that the scope of the law was such that it excluded a physician from testifying to any knowledge, however communicated, which was gained while in the necessary discharge of professional duty. But while our courts were advancing in the respect they were retrograding in another.

Thus in the early case of Johnson v Johnson (14 Wend Rep) it was held that the privilege was not for the benefit of the physician, but of the party, and that when the party did not object, it did not obtain. But this case may be distinguished upon the ground that the reason why the privilege was not upheld, was that the patient being a party to a suit when it came in question did not raise the proper objection, and might therefore be held to have waived it. But in Allen vs.—The Public Administrator (1 Bradford,) it was held by the Surrogate of New York County, that after a patient died a physician who attended him during his last illness must disclose what he had then learned in reference to his sanity or insanity. This case went to our N. Y. Court of Appeals, but the above point was not there passed upon. Again, in the recent contest over the will of Commodore Vanderbilt in New York City, Surrogate Calvin held that the various physicians who had attended him in his lifetime must disclose what they had thus learned of his mental state and his feelings toward various members of his family. In this case some courageous members of the profession at first flatly refused to testify on the ground of professional honor, and quite a discussion of the question was raised in the newspapers. This case was compromised and this point was never decided by a higher court.

While the law stood in this condition, a case arose which has eventually settled the law upon the question of the privilege dying with the patient. or being personal to the patient, but the same case has put a stricter con-

struction upon the terms of the statute than has as yet been attempted in this state.

It appears that one Mr. F. Diefendorf had during his lifetime consulted various physicians as to certain ailments from which he suffered, and had afterward taken out four policies of Insurance in the Mutual Life Insurance Co., and in doing so had represented to the Company that he was free from such ailments, or, had in fact, warranted himself as free from them.

Upon the first trial of a suit brought by his assignee, a Mr. Edington after Diefendorfs death against the Insurance Company to recover the amount insured, a defence was made that the representations were untrue, and to sustain it the Insurance Company offered to show this fact by the testimony of the physicians who had attended him. They offered this without any qualification or restriction upon the ground that Diefendorf being dead the privilege died with him, and the testimony was not barred by our statute.

The Trial Court rejected the evidence upon the objection of the Plaintiff, and the case was appealed to the Court of Appeals. The opinion of the Court per Miller J——on this pointwas as follows: (Edington v Mutual Life Ins. Co., 67 N. Y., 185-194.)

"The testimony of the physicians offered upon the trial, we also think, was properly rejected, for the reason that the infosmation asked for was obtained by the several physicians while attending the insured as a patient in a professional character and was therefore privileged within the provision of the statute of this state (2 R. S. 406, § 73.) The statute is very explicit in forbidding a physician from disclosing any information received by him which is necessary to enable him to prescribe for the patient under his charge.

It is a just and useful enactment, introduced to give protection to those who were in charge of physicians from the secrets disclosed, to enable them to properly prescribe for diseases of the patient. To open the door to the disclosure of secrets revealed on the sick bed, or when consulting a physician would destroy confidence between the physician and the patient, and, it is easy to see, might tend very much to prevent the benefits and advantages which flow from this confidential relationship. The point made that there was no evidence that the information asked for was essential to enable the physician to prescribe is not well taken, *as it must be assumed from the relationship existing that the information would not have been imparted, except for the purpose of aiding the physician in prescribing for the patient.* Aside however from this, the statute in question being remedial, should receive a liberal interpretation and not be restricted by any technical rule. When it speaks of information, it means not only communications received from the lips of the patient, but such

knowledge as may be acquired from the patient himself, from the statements of others who may surround him at the time, or from observation of his appearance and symptoms * * * * *There is no ground for claiming that the right of objecting* to the disclosure of a privileged communication is strictly personal to the party making it or to his personal representative, and cannot be made available by a third party. * * * The authorities cited to uphold a contrary rule do not go to the extent claimed with the single exception of Allen v the Public Administrator,* * * and although the case was heard in the Court of Appeals it does not appear that the point first decided was considered or determined. Whether a distinction may be held to exist upon the probate of a will * * * it is not necessary to determine at this time, but the *general rule is well settled that the protection which the law gives to communications made in professional confidence does not cease on the death of the party. The seal which the law fixes upon such communications remains, unless removed by himself or his legal representative.*"

At the same time that Diefindorf took out his policy in the Mutual Life Insurance Company, he obtained a similar one from the Ætna Life Insurance Co., and after his death, his assignee Edington brought suit upon it, and the Ætna Co. defended on the same grounds that were relied upon by the Mutual Company. At the trial of this suit, questions were raised somewhat similar to the ones discussed on appeal to the Court of Appeals in the suit against the Mutual Company. This case also was taken to that Court, and although the language of Miller, Judge, in rendering the opinion quoted from above, was called to the attention of the Judges sitting at the hearing on appeal, Judges Church and Rappallo, and Judge Miller himself concurred in an opinion by Judge Earl in which we find the statute in question construed far more strictly than by Judge Miller in the earlier case. It appeared that a Dr. Eastman had known Diefendorf and had treated him frequently prior to May, 1867. That after he had ceased to treat him professionally, he frequently saw him in the street and at various places. He testified that he did not appear like a well man, that at times he appeared better, and at other times worse, and that from time to time certain eruptions and pimples were discovered on his face &c., &c. He was then asked the following questions:

"Was he cured when he left your hands? In the month of May 1867, in your opinion was William F. Diefendorf a man of good health and of sound body, and one who usually enjoyed good health? Excluding any knowledge at information that you obtained while tending Diefendorf, and judging from his appearance from that time until 1867, what is your opinion as to whether he was a man in good health, of sound body, and one who usually enjoyed good health?"

All of these questions were objected to, and excluded by the trial court under the statute. In passing upon them Judge Earl says: "The rule excluding such evidence depends entirely upon the statute. It did not exist at Common Law:—(1 Phillips on Ev, 164; Duchess of Kingston's case 20 Har St Tr 613.) *It should not therefore, be made broader by construction than the language of the statute plainly requires,* and applying the statute the purpose of the enactment should be kept in view. * * * * Before information can be excluded under this statute, it must appear that it was such as the physician acquired in some way while professionally attending a patient, *and it must also be such as was necessary to enable him to prescribe as a physician or to do some act as a surgeon.* It is not sufficient to authorise the exclusion that the physician acquired the information whiie attending the patient, but it must be the necessary information mentioned. If the physician has acquired any information which was not necessary to enable him to prescribe, or act as a surgeon, such information he can be compelled to disclose, although he acquired it while attending the patient."

This, the latest declaration of our court of last resort, appears in vol. 77, N. Y. C't of appeals Reports at pp 569 and 570.

Under it and under the construction of the statue, it becomes plain that all that Dr. P—— had learned while attending his patient except what was actually necessary to enable him to prescribe, he could be compelled to disclose to the coroner's jury, unless he refused upon the ground that it would tend to criminate himself.

After a full consideration of the matter, it was decided that the safest and wisest course would be to get the consent of the gentleman who was supposed to be implicated, and tell the whole story frankly and fairly. This was easily done, and the result has been stated before, viz., the finding of a verdict by the Coroner's Jury in favor of Dr. P's innocence.

Editorial Department.

THE COLLEGE OF PHYSICIANS AND SURGEONS having taken so much of our time for the last few days we have been unable to write anything for this department and will be obliged to ask our readers to accept the will for the futile effort, and we will simply report the opening of the College Tuesday evening Oct., 5th:

The College Ampitheatre was packed to overflowing with students and friends to listen to the introductory lecture on the "Progress of Medi-

cine," by the Rev. J. Hazard Hartzell, S. T. D. In introducing the speaker Dr. S. W. Wetmore, the Dean of the Faculty took occasion to speak as follows.

Ladies and Gentlemen, Students and Friends:

In behalf of the Faculty of the College of Physicians and Surgeons of Buffalo, I welcome you to seats in our ampitheatre; welcome you to our second annual opening and re-union; and welcome you to the broad platform established by our school and upon which its success is based. I am not a little pleased to see this demonstration and this disposition on the part of students to obtain a medical education from a school that is non-sectarian in its teaching. The time has come, gentlemen, when there can be no limit and no boundaries to the broad field of scientific research. On looking over the register this evening I find not less than seven different States represented by the students before me. Why is this? You have left your homes and loved ones behind you for a long five months course of earnest pupilage in an institution where you have reason to believe everything known to the science of medicine, that has proven efficacious and desirable, will be incorporated in your curriculum; that no pathy, creed, or dogma shall hold sway over truth, that the most thorough knowledge of any system obtainable will be taught here, but that we regard the law of *similia* to be the chief.

My friends you shall not be disappointed. You who have come from the Green Mountain State, from Maine, Pennsylvania, Ohio, Michigan, Indiana, New York and the Canadas, and shall carry back the glad tidings and echo *eureka*, we have no disposition to egotize, but as a faculty we do feel that we are the pioneers in this great movement of liberal instruction, of non-sectarian teaching, of "modern school" discipline, or more properly the system of rational therapeutics.

"Old fogyism" has been aroused from its Rip Van Winkle somnolency by the men of our times, who dared promulgate the great truth discovered by Paracelsus, nurtured by Storck, Collin and others, but perfected and its recognition forced upon the scientific world by that distinguished old German at Leipsic, Hahnemann.

Dr. Robert Gooch said: "If the object of the student is to learn only what has been said on a subject, the pursuit of knowledge is an easy task; but if his object is to learn what is true on a subject the pursuit of knowledge is the task of life."

It is this life task that you, as students, have undertaken. Let not your courage fail you or your energy overtax you, but persistently and steadily pursue your earnest endeavor, and your efforts will certainly be crowned with that success which none but the worthy can attain, for your chosen profession is the most divine of any alloted to mankind. But

I did not come before you to make a speech, but simply to welcome you and introduce the speaker of the evening, the Rev. J. Hazard Hartzell.

Following this introduction Rev. Dr. Hartzell addressed those assembled.

PROGRESS OF MEDICINE.

ADDRESS OF REV. J. HAZARD HARTZELL, S. T. D.

Mr. Dean and Gentlemen of the Faculty.

We congratulate you upon the auspicious opening of this medical institution, and we thank you for the honor of the invitation to be present with you this evening.

The science of medicine has claimed the interest and study of many of the most intellectual and scholarly of mankind in every period. Men with great abilities and rich acquirements have come to the study and practice of medicine with all their faculties equipped and all their energies aroused. They have come with the deepest interest, which has expanded and blossomed into the greatest enthusiasm; and they have entered those conflicts which stain no fields and scar no breasts. They have come with a great love for this science which deals with the human body with all its organs and functions and its manifold diseases; and heroically they have battled against the approach of Death to conquer the citadel of Life. And in regard to this destroyer, so powerful and ubiquitous, how true is the saying of Horace:

> Pallida mors aequo pulsat pede pauperum tabernas
> Regumque turres.

From the ailments and infirmities to which mankind are liable the science of medicine arose and called for its students and its practitioners. As the flowers called for botanists, as the mines called for discoverers, as the seas called for explorers, as the stars called for astronomers; so the prevalence of disease and accident among mankind, summoned the physician and the surgeon. And as mankind have diversity of talent for diversity of pursuit, we observe from this economy how characters are furnished for the chess board of this existence, where the game is always interesting, and sometimes exciting, and where the right move wins.

An interest in medicine began in the early period of remote antiquity before History unrolled her scroll or Philosophy kindled her fires. It was exhibited among the Hindoos and the Egyptians, who linked it with Religion in order to secure the favor of Heaven that life might continue with pleasure and flower with beauty. It is not strange then that the

practice of medicine should fall into the hands of the priests, who endeavored to appease the deities that scattered sickness through the world.

If we leave Egypt with her love of art and law, her massive architecture and impressive sculpture, and pass into Greece with her love of learning and culture, her philosiphicial attainments and æsthetic triumphs, we shall find the study of medicine occupying the best minds of that attractive country. It so elicited and absorbed the interest of the people that it began to be prominent in the stories of mythology; and soon Æsculapius, the son of Appollo and Coronis, became the pupil of Chiron from whom he received instruction in medicine, and afterwards surpassed his teacher in knowledge and ability, and became divine forever. After his death he received religious honors, and was worshiped with devout feelings at Epidaurus in Peloponnesus, where it is said a temple was dedicated to his genius and power.

And, as the story goes. there was kept in this temple an acurate register of the most remarkable diseases and their certain remedies; and here gathered the ablest physicians for knowledge in their profession. And it is said that the worship of this supreme teacher spread over Greece and Rome, and that his two sons, Machaon and Podalirus, during the Trojan Campaign, became famous as heroes and physicians. And it is on account of the importance of the science of medicine, in the estimation of the people, that a god comes from the sky clothed in the habiliments of mythology; and from his sacred temple speaks to the world through all the passing centuries.

The sick were gathered and treated in these provident temples which were built in various places by an order of priests that were called Esclepiades, as were the sons of Æsculapius. But many of the followers of Pythagoras, who instructed his pupils in Athens in medicine as well as in other branches of science and learning, called and ministered to the sick at their homes. And here, through the window looking into the past, we see the *hospital* as well as the *residence;* and reflect that history is moving in a circle, because the wants and grooves of mankind are the same in every period. The wheat grows and heads and is ministered to by sunshine and shower in the fields of Illinois and Kansas the same as in the fields of Greece and Rome, where the sickle shone and the reaper sang. And the insect that destroys and invites the approach of famine the farmer must meet now as the farmer did when Cicero and Pericles were moving the people by the power of their oratory.

We see Hippocrates, a member of the order of Esclepiades, a man of remarkable intellect and profound learning, after mastering the medical knowledge of the temples, becoming the founder of scientific medicine; and by his powerful influence, reaching and swaying the members of the

profession in later periods. It was the stream that grew among the mountains, swelled by the tributaries, animated by the affluents and managing and directing all; flowing through the deepest solitudes and over the grandest precipices; digging a channel through the rugged uplands with their lonely pine and peering rock and romantic scenery; and then descending with power into the lower country; foaming and flashing and leaving it enriched and gladdened.

We should judge from the statements of history that Hippocrates was in medicine what Aristotle was in philosophy; what Phidias was in sculpture; what Euclid was in mathematics; and what Demosthenes was in eloquence. He was a power in the dominion of medicine by the greatness of his ability and knowledge, his courage and independence; all of which were exhibited in his effort to give truth a place to rule. His doctrine or system is called empiric rationalism; and it is declared that mankind since, with the rising and crumbling of many theories, have returned to hold counsel with him in regard to the treatment of disease; and thus as an oracle in the temple of the past he speaks to the generation of the present. It is said that the immediate successors of Hippocrates blended his doctrine with the Platonic Philosophy from which grew the ancient dogmatic system; probably in accordance with the theory of differentiation as advocated by many of the thinkers in Germany, and as explained and adopted by Herbert Spencer.

If we pass into Alexandria, the ancient residence of the Ptolemies, and once a renowned centre of learning, we will find medicine claiming considerable attention from unnumbered students; but we are informed by the historian that medicine, as one of the branches of learning here degenerated into dialectics; and in course of time it was followed by various schools known as the Empire, the Methodic, the Pneumatic and the Eclectic. The latter professed to have the independence and the good sense to choose from other schools; just we presume as the bees take their sweets from other flowers without stopping to quarrel about it. So you will observe the various systems of the practice of medicine that existed in this celebrated metropolis, where were congregated the scholars of every country; and you will reflect that mankind are driving similar teams over similar fields in the present, with the plow sometimes unruly and kicking. From that period down to the present, through all the schools of medicine, truth has been dropping her fetters and exhibiting her power and calling under her banners the scholarly, the independent, the conscientious and the valiant who have endeavored to widen her domain and promote her glory.

In the great school in this distinguished metropolis we see Herophilus and Erasistratus, two of its most prominent members, who were the most

celebrated physicians of that time. They were according to history men of eminent talents and scholastic attainments, who stood at the head of their profession. Their knowledge of physiology, therapeutics, anatomy and surgery, considering their time, was praisworthy. The coin that dropped from their mint was remarkably pure and bright, and it went through the dominion of medicine flashing and inspiring. With the passing away of Herophilus and Erasistratus there seems to have been a decline in medical science; the darkness thickening because the brightest luminaries of the sky had dropped below the horizon.

When the fields are parched and desolate and pray for rain, the benignant heavens listen and summon the clouds, and they pour down the copious shower. There was a crying need for a master mind in the great realm of medical science, and then Galen of Pergamos appeared, and constructed a system that held undisputed pre-eminence down to the Sixteenth Century. Galen was not only possessed of remarkable abilities, but of unusual acquirements, and from the time of Hippocrates was considered the greatest physician that had appeared. It was a great stream of knowledge, bursting forth from the lone hills of Science that had been pressed by the hand of Providence, and many came and drank.

As the time passed Avicenna appeared and became by his talents and writings in medicine, popular and influential among the Arabians, his numerous volumes upon this science holding a high place with physicians for centuries. Then there arose that large school at Selero founded and sustained by the Saracens, the most distinguished member of which was Africanus, whose volumes were translations from the Arabians, and who was driven from his country as a sorcerer. But these schools grew less in their influence and authority as the centuries hurried by with their moulding energies; whilst Galen held on, august and supreme, instructing and governing till the sunburst of Modern History.

The studious and ambitious were not only reading more Greek literature, but more Greek philosophy; and the intellect was stimulated to extraordinary effort in the various branches of science. Physicians were having a more comprehensive knowledge of *materia medica* and a deeper insight into the wondrous mechanism of the human body. There was a liberal spirit going abroad, and mankind began to discard narrow theorizing, and to be separated from obsequios adherence to antiquated prejudice. There arose during this activity and progress Vesalius and Follopius who were not only prominent anatomists but celebrated surgeons. The light was breaking in many directions all through Europe, and the widespread influence of Galen and Avicenna began to decline, when emerging from a great school, Paracelsus appeared and pointing out the mistakes and condemming the errors that clung to the systems of these illustrious physicians, in an impetuous and fiery manner, he obtained

sudden and conspicuous notoriety. The storm flinging the lightning from his fingers and belching thunder over the mountains, commands universal attention.

The eminent anatomists of the sixteenth century prepared the road on which Servetus traveled to discover the circulation of the blood, but which was not completed till Harvey went striding beyond and beheld the flow of the stream. After this important disclosure to the searching intellect of Harvey, we see Malpighi a little later, developing great facts in regard to the character and movements of this vital element that paints the rose on the maiden's cheek and reddens and sweetens the shepherd's lip. Following the discovery of the circulation came the hypothesis of respiration that took vitality and nourishment out of the air; and upon this subject Borelli and Haller revealed great facts to the profession. Then came important discoveries in anatomy by Asselli and Pecquet, with an increased interest in the human body, that wondrous mechanism that sprang from the hand of God.

And what a sacred study is the human body with its beauty and symmetry and its curves of strength and majesty. And see how intelligence climbs the stairs of the vertebrae, enters the attic chamber and looks out of the dormer windows upon all that is interesting and delightful in the earth. Then mark how the corporeal outline, with its revealments of beauty and dignity, power and refinement, has elicted the genius of the most renowned sculptors to imitate it in the spotless marble which with a silent eloquence, moves the adoring multitude in all the galleries of the world.

Pythagoras declared that ability and necessity dwell near each other. The necessity that existed for progress in medicine, developed the ability that was needed. Then came those who were distinguished and influential as practitioners and surgeons, anatomists and chemists. And among these we witness VanSwieten and Sydenham Boerhaave and Van Helmont, Stahl and Hoffman, Cullen and Jenner, rising in different lands and belonging to different schools and contributing their best thought to the advancement of the profession. From all the quartz they brought from teeming sections and placed under the crushing hammers, the world picks up the grains of gold, runs it into coin and sends it down through the ages.

Emerson remarks that the crowning fortune of a man is to be born with a bias to some pursuit, which finds him in employment and happiness. This is the secret of the progress of mankind in all vocations from which the world receives valuable contributions, and from which spring valuable incentives. The monotony of thought is broken into variety of thought and multiplicity of pursuit, out of which drop innumerable blessings upon the world. In the autumnal gallery we do not get the proper disposition

of colors that make the entrancing picture without the pine as well as the beach, the oak as well as the elm, the sumac as well as the maple. God summons them all with their peculiar genus and their distinguishing foliage, and then the picture is perfect.

See how the art of painting has been developed and advanced by the various schools of various lands. Look at the merits that characterize the Italian, the Flemish, the French, the Dutch, the Spanish and the German; and behold the greatness and beauty which make them all so potent and attractive. Look at the variety in the paintings of David and Bonheur, of Rubens and Lorraine, of Turner and Landseer, with truth coming upon the canvas to thrill the soul. And for a moment consider the difference beeween the talents of Hogarth and Corregio; the former dealing with the rogue and the rake, whimsical episode and comical expression; the latter with saints that wear a halo of glory about their heads, and angels that shake light from their wings. And likewise this variety of thinking in the dominion of medicine helps to eliminate truth from error and prejudice and to give it ascendancy and control.

Furthermore, philosophy as well as painting has been advanced and strengthened by the different systems of the different countries. Its great schools with theirteachers and representatives, have enlisled the attention and study of the finest scholars and the profoundest thinkers. Consider the theories and labors of such minds as Kant and Leibenitz, of Lock and Hamilton, of Read and Cousin, and behold the intellectual activity they aroused, out of which came important principles, like ripe fruit from the limbs struck by the wind. And so with all the systems of medicine- with much that may be regarded as rubbish, their votaries have been induced to study and examine, to investigate and compare; and from this, great truths like bright pearls, have come to adorn the profession.

See how these clucking doctors of the different haymows of sundried theories gathered the eggs of truth under their rumpled feathers of anxiety, contributing to them the warmth of their brain and heart, till soon the shells were pecked, and out walked a brood of animated blessings to the world.

And thus have come men of various languages and of various methods to advance the sience of medicine. Among the number may be mentioned Hahnemann who had capacious intellect and extensive learning, whose distinguished method, it is declared, was recognized to a certain extent by Hippocrates who with keen eyes was looking after the great laws of cure. Like all great minds of independent thought, who have had the courage to abandon the popular groove, he was opposed and denounced, struck at by animosity and calumny. But he was heroic and loyal, he clung to his convictions and opinions; and whatever may be the feeling and sentiment in regard to his method, it does not require a great deal of

discrimination to observe the puissant influence he has wielded among the physicians of every school. And we may compare Hahnemann and all such earnest workers, as Goldsmith compared the devoted preacher, to

> ——Some tall cliff that lifts its awful form,
> Swells from the vale, and midway leaves the storm.
> Though round its breast the rolling clouds are spread,
> Eternal sunshine settles on its head.

We find men in all pursuits of eminent abilities and affluent virtues. We find them with honest convictions and unyielding purposes, whether they be classed with the conservative or the radical. And it is by men being honest and fearless, independent and resolute in their callings that truth makes its advancement and finds its dominion. Observe the prejudice and opposition thas confronted Kepler and Galileo when they were endeavoring to reveal the harmony and glory of the solar system. Observe the sneering at Fulton when he began to construct the steamboat, and the scoffing at Stephenson when he began to invent the locomotive, The former now throws its clouds of steam over every river; whilst the latter draws its cars over every continent, linking city with city and state with state. The sneering and the scoffing have passed away, and the iron horse, after wetting his feet in the Atlantic, strikes the road that leads into the golden splendor of beckoning sunset, and after a run of eight days he neighs in sight of the Pacific, where he is stopped and stroked with tenderness by his driver.

And what do we owe to Harvey and Jenner for their honesty and fidelity as well as their ability and learn-ing? Amidabuse and detraction, deadly malice and bitter rancour, they adhered to their principles and discoveries, and the science of medicine was advanced and glorified. And, gentlemen, assembled here to continue your studies in medicine under most competent instructors, remember that it is with such integrity and faithfulness, such resolution and straight forwardness that you are to succeed in your profession. It is, gentlemen, with these eminent qualities supplemented by the high born principles of courtesy and magnanimity, that those of every calling become successful and influential, finding a path that leads to the realm of honor and esteem. Shakespeare's statement may be remembered:

> It is not in our stars,
> But in ourselves that we are underlings.

Gentlemen, you have entered an honorable and useful profession, to be entitled if worthy with an honorable and influential body of men. Thi s profession commands the esteem of the people; and that it may continue to be thus regarded and confided in, let it be your desire and purpose to have not only the culture of the head but the refinement of the heart. When an earnest student inquired of a famous painter what he mixed his colors with, he replied that he mixed them with his brains. It may be

well for you to imitate the generous painter, by mixing your medicines with this ingredient. Sydney Smith says, "let every man be occupied in the highest employment of which his nature is capable, and die with the consciousness that he has done his best."

Gentlemen, your studies will take you into paths that are intricate and difficult, as well as into fields that are fertile and inviting. And when you have finished your attendance upon the lectures of this institution, your profession will take you to the fireside and altar where sickness prostrates the body and anxiety burdens the spirit. You will be called to struggle against the ravages of disease amid the yearning affections and under the cloudless sanctities of home. The lights may burn long in the night, and life, like a wounded sentinel, may drop upon the ramparts that look cold and white in the pale light of eternity. May you be disciplined and equipped to go as the valiant soldier, to drive back the invading foe and hold the desired field.

DYSENTERY.

As this is one of the autumnal diseases, a brief notice may not be out of place in this number.

There are three forms that this disease may assume, viz.: Epidemic, Sporadic and Chronic—the two first being of an acute nature. The Epidemic form, usually presents itself in the country in the fall of the year but may be found anywhere and at any time of the year.

Dysentery consists in an inflammation of the mucous membrane of the large intestines and commences either in the rectum, and following up the gut, into the colon, until it involves the whole mucous membrane to the illio scœal valve and sometimes even further, causing enteritis; or it may be caused from an inflammation of the mucous membrane of the small intestines which will extend into the colon, or it may commence in the colon from the first. In other words, it may be produced from diarrhœa, it may produce diarrhœa or it may be a local affection from first to last involving the colon and rectum. The inflammatory action produces mucus sometimes stained with blood, pure blood, blood and pus or all three combined. The disease will usually run about a week or ten days before pus makes its appearance which is a indication that ulcerations have commenced. There is but little odor to the evacuations, usually, and should there be much it may be considered as a favorable omen unless it is of a fetid character. The symptoms vary, greatly. Sometimes the disease will be ushered in with a decided chill or chilly sensation, followed by a fever in proportion to the chill. At other times there will be no

unusual disturbance until the mucous evacuations make their appearance, which after a time, either shorter or longer, become bloody or of a "beef brine" character and after about a week or ten days will become mixed with pus. The discharges are usually small, not more than a tablespoonful at a time, causing a great deal of pain and tenesmus or will be quite large and offensive. Then sometimes they will be mixed with small fecal matter and occasionally a natural movement will be observed. As the disease extends into the Colon, it produces more or less pain sometimes of a griping character and at other, a steady, hard or dull heavy pain along its tract. This pain does not extend into the region of the small intestines unless they become involved by the extension of the inflammation into them causing enteritis and diarrhœa.

But the object of this paper is not so much to give the history and symptoms of this disease, for that can be obtained from books written by abler writers who have made the subject a special study, as to point out a successful treatment which will be of deeper interest to the young practitioner. Should chills followed by fever make their appearance first, as they are very apt to do in the epidemic form, Aconite and Belladonna are indispensable. They should be given strong enough to produce profuse perspiration, which, in many cases will check the disease in the outset and give no further trouble. Ipecac 1st, and Mercurius Corosivus from the 2nd to the 12th are the remedies to be relied upon in nearly all forms of this disease, and without these we should feel lost, and grope in darkness. These remedies have been used by Homœopaths for many years and have succeeded so admirably that it has been unnecessary to resort to any others only to allay prominent and annoying symptoms, as they might occur, as Colocynth. Arsenicum, Aloes &c., and should Typhoid symptoms occur, Rhus Tox.

Over twenty years ago the Allopaths recommended Ipecac, in large doses, as a very fine remedy for Dysentery. They advised administering it in large enough doses to produce emesis. This with large and frequent injections of ice water, given in the early stage of the dicease, was pronounced as their most successful mode of treatment. A few years ago they also *discovered* that Corosive Sublimate, in the one hundredth of a grain doses, also acted admirably, even better than any other medicine and they now rely upon it almost entirely but would not give the *second trituration*, because they would have to admit that *that* was Homœopathic medicine, when the fact is that the second up to the twelfth will act more promptly than the one hundredth of a grain. Years ago an injection of the tincture of Opium and Starch was used in all forms of Dysentery, and where the rectum is alone involved, in the inflammation, it is of great benefit now. Hamamelis injections and by the mouth, acts very well, especially if the Merc. Coro. does not check the bloody discharges. An astringent of one grain of Opium to two of Tannin given once in four

hours, very frequently checks the disease, by arresting the secretions of mucus and preventing the peristaltic movements of the intestines which tend to aggravate the pain and keep up the irritation. *Rest* is one of Natures great restorers and scarcely any inflammation will subside very rapidly without it. Hot applications to the abdomen, in the shape of hops dipped in hot water, will be found to afford great relief. Rest in bed is indispensible. Frequent sponge baths should be employed and disinfectants should always be used. Cleanliness is next to Godliness particularly in this disease.

S. N. B,

Selections.

FOREIGN BODIES IN THE ŒSOPHAGUS.

In a recent communication to the *Societe de Chirurgie*, of Paris, of which a report is given in the *Gazette Medicale* of June 12th, M. LANNELONGUE stated that, during a service of three years and a half at the Sainte-Eugenie Hospital, he had extracted at least eighteen foreign bodies from the œsophagus in children. Of these bodies, thirteen were pieces of money, twelve having been sous and one a two-franc-piece. The other objects belonged to sets of toys and consisted of small plates, small bowls, portions of wheels from toy carriages, and, in one case, a small toy flask containing curacoa. The ages of the patients varied from eighteen months to six years and a half. Children beyond the latter age, as a rule, too sensible to swallow such articles as those mentioned. The young subjects of these accidents do not confess at once for fear of being scolded, and do not relate what has happened until the occurrence of disturbing symptoms. These symptoms usually consist in difficulty of deglutition and of pain and disturbance, often of reflex origin, in the movements of respiration and phonation. It generally happens that some time has passed between the introduction of the foreign body into the œsopagus and the application for surgical aid. In the first place, the surgeon should make sure that the foreign body has really been swallowed. He ought at once to explore the pharynx, not with the laryngoscope which the child would not tolerate, but with his finger. He should then proceed to examine the œsophagus with an olivary sound. This instrument, however, frequently deceives, after the foreign body has remained in the gullet for a short period it becomes coated with portions of food and with mucus, and so no rubbing noise can be heard on its contact with the olivary instrument. It is thought that the best instrument to introduce is the *panisa*

bascule of Graefe, which consists of a small cage with two hooked appendages, the whole being fixed at one extremity of a curved rod. By means of this instrument the foreign body map be caught in one of the hooks and then withdrawn. In a brief analysis of his eighteen cases, M. Lannelongue that all the yieces of money were readily extracted by the use of Graefe's instrument. In one case serious hemorrhage followed the extraction of the foreign body, which was a small procelain plate. In the case of a child, a little girl aged 6½, who had swallowed the toy flask of curacoa, after the body had been felt with a sound and its position near the stomach made out, no attempt was made at extraction for fear of breakage. It was allowed to remain, and, on the third or fourth days, was discharged in pieces by the rectum. Instances of foreign body in the œsophagus of an adult are of rare occurrence. The author has seen two such cases. In one, the patient, a soldier, had swallowed an onion which, probably through its contact with fluids, had swollen so as to excite symptoms of commencing suffocation. M. Lannelongue, having no special instruments at hand, had recourse to a lithotrite. The male branch having been passed between the inferior part of the pharynx and the foreign body, the female branch was slipped down on the foreign body, which after a lateral movement of the lithotrite, was rejected by a violent on the part of the patient.—*Lond. Med. Record*, July 15, 1880.

News and Miscellany.

The Faculty of the College of Physicians and Surgeons of Buffalo, certainly have good reasons for feeling proud of their success in securing a class of nearly sixty students at their second session.

The regular course of lectures opened Wednesday morning Oct. 6th. Eight different States besides Ontario, sent their earnest anxious students in search of truth, and about the same number of Medical Colleges (of all denominations) are represented in the class.

Some who took their first course last winter in New York, Phil., Cleveland and Chicago, occupy the front seats in the Amphitheatre, and are candidates for those hard earned laurels that none but the worthy can obtain. The present existing Medical Law in this State has obliged the should be M. D. to come in and put his shoulder to the wheel of five

months circumference and vigorously strive to receive the crown of honor.

Some, we regret to say, were obliged to return as they came not possessing the requirements to be admitted as students even. Poor fellows! they have missed their calling, and will be obliged to leave the State of New York, or change their vocation. We would that every State in the Union would join us in the effort to suppress this dangerous system, and make *fewer* and *better* physicians.

Our State Medical Law would be almost perfect if another section could be added rendering it obligatory on the part of every Medical College to instruct their pupils to meet the requirements of the State Commissioners who examine every applicant before their Medical Board on every system known to the profession. In other words they must be *non-sectarian* Physicians and Surgeons thoroughly versed in Allopathy. Eclecticism and Homœopathy all of which are recognised and considered necessary and obligatory to constitute a practitioner qualified to combat the maladies with which the physician has to contend.

At the last meeting of the Academy of Medicine Oct. 13th, the following report of a very interesting case was read by Dr. J. S. Halbert:

MR. CHAIRMAN AND GENTLEMEN :—

I wish to call the attention of the society to a case of labor it was my lot to attend some five or six weeks ago, the parallel of which probably few medical men have even seen. I can find nothing in medical literature of a similar, case, even in any particular, and without taking up any time other than that necessary to give a simple statement of the case, I will give it to you.

On the 1st day of September, 1880, I was called to see Mrs. M——in her late confinement. I found the lady sitting in an easy chair complaining of spurious labor pains, and also of a sanguinolent discharge from the vagina. This condition of things had lasted for some hours, and as she had according to her recording, completed but eight months of her term of gestation, was apprehensive that she was about to miscarry. On making a digital examination while the patient was in the recumbent posture. I was surprised to find a large conical tumor between the thighs, the apex of which passed from the vaginal opening and its base was directed downwards. On making a careful examination, I could not discover any uterine opening in the pelvic or vaginal cavity and was at a complete loss as to the nature of the case, on gaining permission. I instituted an ocular examination of the tumor, and found as before stated a cone shaped tumor projecting from the vaginal opening fully five inches in length, and its base must have been fully four inches in diameter. In its centre I discovered an opening which readily admitted the introduction of the finger.

Owing to the unusual nature of the case, I called in consultation, Dr. S. W. Wetmore to see the case with me.

The case was one of procedens uteri, the cervix uteri being greatly increased in size and protruding from the vagina. At this time the walls of the cervix at the base of the tumor must have been at least an inch and a half in thickness. The os was sufficiently dilated to admit the finger readily, and by passing it as far as possible, a fœtal head could be felt. The pains were not severe, and although there was some hemorrhage, it was not profuse enough to excite any apprehension.

The patient was enjoined to remain on her back in bed and was left for about 2 hours. When I again saw her I found that the tumor had disappeared over one half in size, and the os sufficiently dilated to admit readily the index and middle fingers. On making a second examination had returned within the labia vagina on a line with the labia majora.

For about ten hours the patient continued to have not very severe uterine contractions, the os had dilated to the extent of about 2 inches. The lady at this time did not present any signs of exhaustion, but the os being so extremely thick and unyielding that I deemed expedient the use of the forceps.

Assisted by Dr. Wetmore, I delivered the lady of a still born fœtus, at eight months. The only thing unusual about the delivery after the application of the forceps was the unyielding condition and thickness of the os uteri. Considerable force had to be used to cause the head to pass through the os, and when it did an audible snap could be heard very distinctly in the room, produced by a rupture of the os, which ran over two inches upwards and to the left.

The patient for the first ten days had quite a high temperature, and rapid pulse.

Reviews and Book Notices.

A Treatise On The Medical and Surgical Diseases of Women with their Homœopathic treatment By M. M. Eaton, M. D., Cincinnati, Ohio, and published by Boerick & Tafe is a new work just out.

We have not had the opportunity to carefully examine this book. and hence we defer our criticism until a later period.

The effort on the part of the publishers to present a work that should be entirely satisfactory so far as anatomical and instrumental plates, good print and nice binding are concerned, has certainly been crowned with success, for we do not remember of having seen anything that is quite so satisfactory.

The first two plates are entirely new to us (although we have had them in our minds eye for years) and we hail them with a lively sense of gratitude to the author. and feel that they fill a want long needed to facilitate a thorough understanding by the student,

The general plan of the work is very like other treatises of the same nature.

The manner in which the author combats morbid conditions is for the most part very rational. About the only thing that is objectionable in the work is the adoption of the *Minton* folly and the reproduction of his five hundred remedies in the treatment of abortion of which we have had something to say in the INVESTIGATOR in the June and September numbers. On the whole, however, we consider the work a very excellent one and we cheerfully commend it to the profession more anon. Price $6.50.

Woods' Library of Standard Authors.—We are in receipt of the Ninth Volume of this very valuable Library for 1880, entitled Diseases of the Pharynx, Larynx and Trachea, by Morell MacKenzie, M. D., Lond.,

Senior physician to the Hospital for the diseases of the Throat and Chest, Lecturer on diseases of the throat at the London Hospital Medical College, and corresponding member of the Imperial Royal Society of physicians of Vienna, etc., etc.

The work is based partly on the courses of lectures which the author has annually delivered at the above named institutions during the last twelve years, and partly on his essay on "Diseases of the Larynx," to which the Jacksonian Prize was awarded by the Royal College of Surgeons of England.

Some of the contents of the work has appeared in the *British Medical Journal*, *Lancet*, and *Medical Times and Gazette*, but by far the larger portion of the book is now published for the first time.

The work is divisable into three sections, giving first the anatomy of the different parts and then the diseases that affect them. A large number of Wood Cuts representing morbid conditions, and the instruments required for their treatment. In short, it is an exhaustive work on this important branch of Therapeutics, and should be in the library of every practitioner in the land,

We would call the Attention of the busy practitioner as well as the house Surgeon and student in particular to the sixth edition (just out) of CHRISTOPHER HEATH's Minor Surgery and Bandaging.

This Manal of 342 Pages is revised and enlarged and beautifully illustrated with 115 Wood Cuts.

It is one of the most useful little books on this subject extant. It is gotten up in nice style, good print and well bound in cloth at the small price of $2.00. Lindsay & Blakiston, Publishers.

ERRATA.

Page 326, 2nd line, for intersusception, read *intussusception*.

Page 327, 16th line, for apetite, read *appetite*. Same page, 13th line from bottom, for apearance, read *appearance*.

Page 329, for Putsatilla, read *Pulsatilla*. Same page, Chammilla, read *Chamomilla*. For Colynth, read *Colocynth*.